No.

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PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT EXACTLY. classified. 4 IS should -THIS properly AGE INK supplied. pe UNFADING may carefully that 80 WITH plain terms. should PLAINLY, of Information DEATH in pial WRITE 10 important. Every It 0

state certificate. of See instructions on back

DATE OF BIRTH

OCCUPATION (a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country

10 NAME OF FATHER!

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

OF MOTHER (State or country)

THE ABOVE IS

OF FATHER (State or country)

(b) General nature of Industry,

business, or establishmenf in

which employed (or employer)

7 AGE

PARENT

15

1 PLACE OF DEATH

5 SINGLE,

MARRIEO, WIDDWED,

ORDIVORCEO (Write the word)

(Day

If L

1 day

OR ...

REGISTRAR

PERSONAL AND STATISTICAL PARTICULARS

(Month)

.....mos,...

0

4 COLOR OF RACE

STATE OF MARVI AND

, (S CERTIFICATE O	F DEATH
		st. No. 5-45
	ed ward	[If death occurred in a hospital or institution, give its NAME lostead of sfreet and number.]
	MEDICAL CERTIFICATE C	F DEATH
	16 DATE OF DEATH OCC (Month)	31 ot , 191 :
	17 / I HEREBY CERTIFY, That	,
101	Dec 3/ 1915 to	
Year)	that I last saw halive on	,191
ESS fhan	and that death occurred on the date state	d above, atn
hrs.	The CAUSE OF DEATH * was as follows:	
	A) CO	400
	The Child was	soft-
************	bom from	What Cause
	Od not Pro (wration)	electron
	0 1 00 17 7	the math
mo	Contributory Classification Secondary	
12	(Ouration)	yrsd
1	(Signed) Affect To	2-20 41
Lange	Charles of the second	1 1
	1912. (Address) alz	
r	*State the Disease Causing Death, of Causes, state (1) Means of Injury; a Tal, Suicidal, or Homicidal.	r, in deaths from Violen nd (2) whether Accides
22	16 LENGTH OF RESIDENCE (FOR HOSPITALE	, INSTITUTIONS, TRANSIENT
	Af place in the of death yrs mos ds. State	yrs mos d
	Where was disease contracted, If not af place of death?	7 0 0 7 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Maga *** * * * * * * * * * * * * * * * *	Former or usual residence	20 0 0 0 v a a a a a a a a a a a a a a a
	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL

..., 19f

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no ocenpation whatever, write Nonc. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Statement of occupation-Precise statement of ocenpa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Parmer (retired 6 yrs.) For persons

lesis of lungs, meninges, peritonacum, etc., Carcin-("Pnenmonia," unqualified, is indefinite): Tubercupneumonia"); Lobar pneumonia; Bronchopneumonia "Croup";) brospinal meningitis"); Diphtheria (avoid use of term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to fever (the only definite synonym is "Epidemie cere-Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid

> affection need not be stated noless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. State eause for nns," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Aseer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of sknll, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or misearriage as "Puerperal septichaeete., when a definite disease can be ascertained as the "Heart failnre," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eansing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhanstion," Never report

tions answered in detail, it will prevent further correspondthe certificate is permanently filed. If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before

port through mail by the Parsons FEB - \$ 1916

EXACTLY, PHYSICIANS sified, Exact statement of RECORD be properly classified. PERMANENT Every item of information should should state CAUSE OF DEATH I OCCUPATION is very important. WRITE

m

Cour	nty Prince George	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 239
Villa	190 or City Lawrel (No. ,	Bhalley [if death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	nale balora SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	18 DATE OF DEATH Dec 9, 1915 (Month) (Day) (Year)
6 DA	ATE OF BIRTH Fiel- (Month) (Day) , 19,0 (Year)	that I last saw h in alive on the first saw h in alive on the saw
7 AG	yrs 9 mas // ds. or min.?	and that death occurred on the date stated above, at Arian The CAUSE OF DEATH * was as follows:
wh	O) General nature of lodustry siness, or establishment in nich employed (or employer)	(Buretien) yrs. mos. / O ds Contributory Secondary
RENTS	10 NAME OF FATHER MASSAGE Bradley 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) Chus A Scharfer M. 0 *State the Disease Causing Death, or, in deaths from Violent Causes, state (I) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PA	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In ths of deelh yrs. mess. ds. Stefs, yrs. moss. ds. Where was diseess contracted, If not at place of desth?
15 FII	(Address) Laurel Md (Address) Laurel Md Ed Llet, 11th, 1915 Waw, a, Fairall REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER DATE OF BURIAL ADDRESS ADDRESS ADDRESS
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseof the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very in:portant, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupaof various pursuits can be known. The question Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, But in many eases, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

suicide. The nature of the injury, as fracture of skull, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible symptoms or terminal conditions, such as "Asthenia, on Nomenelature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." and consequences (c. g., sepsis, tdanus) may be stated head-homicide; Poisoned by carbolic acid-probably surgical operation was undertaken. For violent deaths birth or miscarriage as "PUBLIPERAL septicharmia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, lapse," "Coma," "Convulsions," "Debility" ("Con-"Anaemia" (merely symptomatic), cough; Chronic valvular heart disease; Chronic interstitiol to determine definitely. Examples: Accidental drowning; "PUERPERAL perilonitis," etc. eause. "Heart failure," "Haemorrhage," "luanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercur-"Tumor" for malignant neophasins); Measles; Whooping by railway Always qualify all diseases resulting from childtrain-accident; Revolver State cause for which Never report mere (Recommendations "Atrophy," mound

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

PHYSICIANS t statement of Exa EXACTLY. RECORD classified stated PERMANENT BINDIN properly rtificate should pe may G THIS uo supplied INK Ш nstructi UNFADING See Z pino Important, d PLAINLY. 07 LL 0 of information 0 Lil. CAUS WRITE Every item of Inshould state CAI

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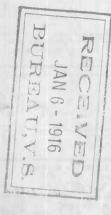
1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. dus If death occurred in Village or City (No. .Ward) a hospital or institution. give Its NAME Instead of street and number. I ² FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX SINGLE 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED OR DIVORCED (Write the word) rolowed (Month) (Year) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Year) (Day 7 AGE If LESS than 1 day, hrs. min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of lodustry business, or establishment in which emplayed (or employer Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, PARE 12 MAIDEN NAME SUICIDAL OF HOMICIOAL OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE Al place In the OF MOTHER Stefe. (State or conotry of death yrs.mes. Where was disease contracted. 14 THE ABOVE IS KNOWLEDGE If not at place of death? Former or usual residence 15 20 REGISTRAN If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housefirst line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business, that fact may be indicated thus: Farmer (retired Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used ness of various pursuits can be known. The question "Foreman," "Manager," "Dealer," etc., without more know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Women at home, who are engaged in (b) Auto-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or nomicidal, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent neaths mus," "Old Age," "Shock," "Uraemia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marason Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." to determine definitely. Examples: Accidental drowning; "Puerperal perilonitis," etc. State cause for which eause. etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. Always qualify all diseases resulting from childby railway The contributory (secondary or intercurtrain-accident; Revolver wound (Recommendations



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECC PERMANENT S INK-THIS PLAINLY, WITH UNFADING

county PLACE OF DEATH 21859	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 23
Village or City healast (No. , —)	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mall COLOR OR RACE 5 SINGLE, MARRIEO, Manuel WIOWED OR DIVORCED Midowal (Write the word) Midowal	16 DATE OF DEATH (Month) (Day) (Year)
F OATE OF BIRTH (Month) (Day) 7 AGE If LESS than 1 day,	that I last saw h alive on ruc 7, 191 3, and that death occurred on the date stated above, at 46, m. The CAUSE OF DEATH * was as follows:
(a) Trade, protession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Service delility and cystilis (Buration) / yrs. mos. ds Contributory Secondary (Buration) yrs. mos. ds
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME 12 MAIOEN NAME	(Signed) (Signed) (Signed) (Address) (Address) (Address) (Address) (Address) (Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Interment) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death yrs. mos, ds. State, yrs. mos. ds Where was disaasa contracted, If not at place of death?
(Address) Parfelice Port	18 PLACE OF BURIAL OR REMOVAL Tonishold 29 UNDERTAKER ARDRESS MALIFOLIA 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health,
Association.]

or given up on account of the DISEASE CAUSING DEATH, employed, as At school or wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housenwid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Ferm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to husiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Former or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever, At home. Care should be Never return If retired from "Laborer," of age.

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or nomicidal, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage as cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Harmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Conna," "Convulsions," "Debility" ("Con-"Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Meastes (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meosles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of... Always qualify all diseases resulting from child-The contributory (secondary or intercur-"Pubreeral septichaemia,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PUREAU, V.S.

V. 8. No. 1.

N.B

Place of Death 21860	STATE OF MARYLAND CERTIFICATE OF DEATH
County MY CL	CERTIFICATE OF DEATH Registration Dist. No. 232
Village or City When Hura Cordelia	Buller St.; Ward) [If death occurred in a hespital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, Married WIDDWED OR DIVORCED (Write the word) 6 DATE OF BIRTH April 13, 1871	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from 1914, to 1914
TAGE (Month) (Day) (Year) If LESS than 1 day, hrs. OR min.? **BOCCUPATION (a) Trade, profession, or particular kind of work **Trade profession or particular kind or particular kind or particular kind or partic	and that death occurred on the date stated above, at 530 m. The CAUSE OF DEATH * was as follows:
(b) General nature of lodustry business, or establishment in which employed (or employer) Performance (State or country)	Contributory Secondary
10 NAME OF FATHER Richard Hook, 11 BIRTHPLACE OF FATHER (State or country) Prince George Country) 12 MAIDEN NAME OF MOTHER 12 MOTHER 13 MOTHER 14 MOTHER 15 MOTHER 16 MOTHER 17 MOTHER 18 MOTHER 19 MOTHER 10 MOTHER 11 MOTHER 12 MOTHER 12 MOTHER 13 MOTHER 14 MOTHER 15 MOTHER 16 MOTHER 17 MOTHER 18 MOTHER 19 MOTHER 10 MOTHER 11 MOTHER 12 MOTHER 13 MOTHER 14 MOTHER 15 MOTHER 16 MOTHER 17 MOTHER 17 MOTHER 18 MOTHER 18 MOTHER 19 MOTHER 19 MOTHER 10 MOTHER 10 MOTHER 11 MOTHER 12 MOTHER 13 MOTHER 14 MOTHER 15 MOTHER 16 MOTHER 17 MOTHER 18 MOTHER 18 MOTHER 19 MOTHER 19 MOTHER 19 MOTHER 19 MOTHER 19 MOTHER 10 MOTHER 11 MOTHER 12 MOTHER 13 MOTHER 14 MOTHER 15 MOTHER 16 MOTHER 17 MOTHER 18 MOT	(Signed) (Oursilpa) yrs. mes ds. (Signed) (Success) (Masser) M. B. *State the DISPASS CAUSING DEATH, or, in deaths from VIOLENT CAUSING, state (1) VILANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Prince George Country) 14 THE ABOVE IS TRUE TO THE REST OF MY MOWLEGGE (Informant) Manuale Multington	OR RECENT RESIDENTS) In the feeth yrs. mes. ds. State, yrs. mes. ds. Where wes disease contracted, if not at place of deeth? Former or vesual residence
Address) Leeland and. FRED Dec 11, 1915 NEmy Smith: REGISTRAR	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL CYVUNG MA DEC. 12, 1912 20 UNDERTAKER ADDRESS WY
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, c. g., Farmer or Planter, Physician. Compositor. Architect. Locomotive engineer. Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; (c) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in Comestic service for wages, as Servant, Cook, Housemaid, etc. It the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH the primary affection with respect to time and causation), using always the same accepted torm for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fiver (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (mcrcly symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Urasmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL. SUICINAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: Struck by railway train-accident: Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (c. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

21861 PHYSICIAN t statement CERTIFICATE OF DEATH Registration Dist. No. If death occurred in St.: Ward) a hospital or institution. give its NAME Instead EXACTLY of street and number. RECO classifie PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE SINGLE. 16 DATE OF DEATH stated MARRIED, PERMANENT WIDOWED OR DIVORCED (Month) (Day) properly certificate attended deceased from 6 DATE OF BIRTH should pe (Day) (Year) 7 AGE of If LESS than may CK 1 day, hrs. O A OR min.?29m supplied: 20 OCCUPATION a) Trade, prefession, or ons barticular kind of work b) General nature of Industry plain terms, See instructi business, or establishment in UNFADING (Burallon) carefully which employed (or employer) 9 BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF c FATHER pino Important ATH S 11 BIRTHPLACE RENT SPA OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (J) MEANS OF INJURY; and (2) whether Accidental, Suicinal or Hometoal. PLAINLY, (State or country) of information a CAUSEOFD 12 MAIDEN NAME A OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER of death ./. 8 yrs. U (State or country) should state CA Where was disease contracted. 14 THE ABOVE IS If got at place of death? Every item usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS 00 REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto / Requesting V. S. No. 1.

STATE OF MARYLAND

PLACE OF DEATH

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[Approved by U. S. Census and American Public Health
Association.]

write None. 6 yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm loborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton know (0) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths to determine definitely. Examples: Accidental drowning: "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from ehildetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heort disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name 'origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping or misearriage as The contributory (secondary or intercurete.), "Puerperal septichaemia," "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BOREAU 1916

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ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very PERMANENT stated EXACTLY. may be properly classified. pe pinous UNFADING INK-THIS ACE carefully supplied. WRITE PLAINLY, WITH ATH in plain instructions of Information CAUSE OF Important. m

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 236

St.;....Ward)

[if death occurred in a hospital or institution, give its NAME instead

FULL NAME James Cole	man Su. of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE Single, MARRIED, Widower ORDIVORCED (Write the word)	16 DATE OF DEATH Dec 25-th, 1915. (Month) (Day (Year)
6 DATE OF BIRTH UNKnown 1	17 I HEREBY CERTIFY, That I attended deceased from field inquest
7 AGE (Month) (Day (Year) 7 AGE If LESS than 1 day, hrs. 0 R. min.?	and that death occurred on the date stated above, at // // m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in	Thy resting from Briotse or by
which employed (or employer) BIRTHPLACE (State or country) P. Seo. Co., Md.	Contributory Secondary (Duration) yrs mos ds. (Duration) yrs mos ds.
11. BIRTHPLACE OF FATHER (State or country) P. Seo. Co. Md	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 SMAY Davall	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
Flied Dec 27, 1915 S. M. Leonberger	19 place of Burial or REMOVAL DATE OF BURIAL White Marsh Comelety DEC 28, 1915. 20 UNDERTAKER P. S. Go. ADDRESS WITAJAS IL. II.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," (4)

Statement of cause of death—Name, first, the DISEASE CAUSINO NEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT NEATHS state MEANS OF INJURY and qualify as thenia," "Anacmia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the Bronchopneumonia (secoudary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from State cause for Never report



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. S. No. 1.

	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
Cour	nty James Ville	Registration Dist. No. 239
Villa	ege or City Lawrelf (No. ,)	St.; Ward) [If death occurred in a hespital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5 5	male. White Strate, windwed on Divorced (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from
	Unknown, 1 (Year)	that I last saw h La alive on \ \(\langle C \forall G \forall 191.5 \)
7 A G	3 9 yrs. mes. ds. OR mia.?	and that death occurred on the date stated above, at 3,304m. The CAUSE OF DEATH * was as follows:
pn (p	a) Trade, profession, or ricular kind of work)) General nature of lodustry sinoss, or establishment in hich empleyed (or employer) IRTHPLACE (State or country)	Contributory Diarrhola & Enterities Secondary (Revellon) yre mos de
RENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed)
14 T	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piece of desth
	(Informant) A S (1)	Former or wood reeldence Lysisfield, MD 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
FI	(Address) Land Sambarum led Vlec, 22-, 1915 Now, a. Fairall REGISTRAR	20 Storest French Land mi
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many eases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. Housemaid, etc. If the occupation has been changed For many occupations a single word or term on the Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in (b) Groccry; (a) Foreman, Locomotive engineer, Civil If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meningualified, is indefinite); Tuberculosis of lungs, meningualified, is indefinite);

surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," lapse," symptoms or terminal eonditions, such as "Asthenia," Example: Measles (disease eausing death), 29 ds.; Bron-chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of.... on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," cause. Always qualify all diseases resulting from child-"Anacmia" (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) birth or miscarriage as "Puenperal septichaemia," The nature of the injury, as fracture of skull, "Coma," (merely symptomatic), "Atrophy," convulsions," "Debility" The contributory (secondary or intercurete. State cause for which "Atrophy," "Colreport mere important. wound of ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

County Trince George	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City room (No. ,	Registration Dist. No. St.; Ward) [If death eccurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word) Pungle DATE OF BIRTH August 13 1915	16 DATE OF DEATH (Month) (Day) (Yest) 17 I HEREBY CERTIFY, That I attended deceased from ,191 ,191 ,
7 AGE (Month) (Day) (Year) 7 AGE It LESS than 1 day, hrs. OR mlo.?	that I last saw h
BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Buration) yrs. mos. ds. Contributory Secondary (Buration) yrs. mos. ds.
10 NAME OF FATHER Shu John Joggs 11 BIRTHPLACE OF FATHÉR (State of country) 12 MAIDEN NAME OF MOTHER Selea Fleet	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Addre
of MOTHER Delia Fleit 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (toforment) Show J. Diggs	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ef desth
(Address) Crom, Gnd	19 PLACE OF BURIAL OF REMOVAL TOOM OND 29 UNDERTAKER ADDRESS
If more blanks are needed, address State Registrar, 1	6/W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the For persons who have no occupation whatever, various pursuits can be known. The question Women at home, who are engaged in Never return "Laborer," Locomotive engineer, But in many cases, (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (c. g., sepsis, letanus) may be stated under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths to determine definitely. Examples: Accidental drowning. "PUERPERAL peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uracmia," "Weakness, etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), chopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... or miscarriage as "Puerperal septichuemia," Always qualify all diseases resulting from child-The contributory (secondary or intercur-"Dropsy," "Exhaustion,



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state OCCUPATION IS pinous w PHYSICIAN certificate. 0 back 6 piain Instructions DEAT See ō Item 10 mportant. ы CAUSE

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.4 fit death occurred in ---Ward) a hospital or Institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH DATE OF DEATH MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) (Dav (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: mos..... OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory. Secondary (Ogration) 10 NAME OF FATHER 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. __ State ... Where was disease contracted. If not at place of death?-Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address)

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

ADDRESS



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," it should be used only when needed. As examples: additional line is provided for the latter statement; been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head injury, as fracture of skull, and eonsequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. "Never report affection need not be stated unless important. ralvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



PHYSICIANS t statement of County Village or City Exact stated EXACTLY. RECORD in terms, so that it may be properly classified, instructions on back of certificate. PERSONAL AND STATISTICAL PARTICULARS MARRIED, WIDOWED OR DIVORCED (Write the word) 3 SEX 4 COLOR OR RACE PERMANENT BINDING should be 6 DATE OF BIRTH (Month) Year) if LESS-than 7 AGE OR AGE IS 1 day, hrs. min.? THIS plain terms, so that OCCUPATION
(2) Trade, profession, or supplied particular kind of work N.Y b) General nature of industry 2 business, or establishment in UNFADING carefully which employed (or employer Ш 9 BIRTHPLACE ESI (State or country OU C 10 NAME OF. be n. FATHER WITH MARGIN should very important. of information should e CAUSE OF DEATH PARENTS DF FATHER (State or country) PLAINLY, 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country WRITE should state CAU 14 THE ABOVE Every item 15 S. No. 1. 0 REGISTRAR ż If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Hegistration	Dist.	No.
	,	

St.; Ward)

if death occurred in a hospital or institution, give its NAME instead

m Dullon	or street and Rumoer.
MEDICAL CERTIFICATE	OF DEATH
16 OATE OF DEATH (Month)	70 , 1915 (Day) (Year)
17 I HEREBY CERTIFY, That I at	
Nur 20 , 1915, to B	20, 1915,
that I last saw h wa alive on	١٩ 1915,
and that death occurred on the date st	ated above, at .60 .m.
The CAUSE OF DEATH * was as followers	ws:
Altragamia.	
700000000000000000000000000000000000000	
(Aurellan)	yrs mos ds.
No la bi	
Secondary So Secondary	
e attitude to a read (Ourstlon)	yrs mos ds
(Signed)	Maliner M. O
Address) (Address)	uallandle.
*State the Disease Causing Death, of Causes, state (1) Means of Injury; and Suicidal or Homicidal.	r, in deaths from Violent (2) whether Accidental,
16 LENGTH OF RESIDENCE (FOR HOSPITALS,	INSTITUTIONS, TRANSIENTS
OR RECENT RESIDENTS) At place	
of deathyrsmosds. Stat Where was disease contracted,	e,yrsmos ds
it not all place of death?	***************************************
Former or . usuat residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mashington De.	LVEC 23, 191 5
20 UNDERTAKER	ADDRESS
JA STADENS Sous	Bladew Lug med

[Approved by U. S. Census and American Public Health
Association.]

or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary kreman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, For persons who have no occupation whatever, If retired from

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. rent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Heart failure," "Heemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "Puerperal septicharmia," "Old Age," "Shock," "Uracmia," "Weakness," The contributory (secondary or intereur-"Dropsy," State cause for which Never "Exhaustion," report mere



N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING RESERVED MARGIN

V. S. No. 1.

11		
-Qour	1 PLACE OF DEATH The Grine Leorge 21867	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 232
Villa	ge or City lippa mailton (No. ,)	St; Ward) [If death occurred in a hespital or institution, give its NAME instead of stroot and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	rale Color of RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Yest) I HEREBY CERTIFY, That I attended deceased from
6 DA	(Month) (Day) , 19/5	that I last saw halive on 191
7 AG	yrs, 2 mes 3 ds. 1 day, hrs. or min.?	and that death occurred on the date stated above, at & A. m. The CAUSE OF DEATH * was as follows: Don't wow. As blurgian in
pa (b	CCUPATION 1) Trade, profession, or ricular kind of work 1) General natore of lodustry siness, or establishment in	attendance. I J
wh	RETHPLACE (State or country) Offer Mulbon Sud	Contributory Secondary (Burefion) yre. mes. de.
w w	10 NAME OF J. Phlliam Fautt	Signed) Alans Janth Foral Construction and
PARENTS	11 BIRTHPLACE OF FATHER (State or country) & Mr. Marlow & Ard 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUST; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) Offer Mulbow Mid	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of deeth
14 TI	(Informant)	If not et place of death? Fermer or usuel residence
15	(Address) Offer Mailton And	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL When Marloon and Dec 13, 165
FB	If more blanks are needed, address State Registrar,	20 UNDERTAKER Respective V. S. No. 1. ADDRESS Experimental box ADDRESS
fi .	It more bround are necessary address by the respective	To the pure and property and

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill: (a) Salesman. (b) Grocery: (a) Foreman. (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. Af the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None!

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of...... (name origin: "Caneer" is less definite; avoid use of "Tunior" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anacmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Tropsy," "Exhaustion," "Heart failure," "H morrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Ursemia," "Weakness," ctc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide: Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

No. 1. υż

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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very see instructions on back of certificate. RECORD N. B.—Every Item CAUSE OF Important.

County Place George 21868	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 245
FULL NAME Andrew Ede	St.; Ward) a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from Mee (See Section 1915)
7 AGE (Month) (Day (Year) 1 day,hrs.	and that death occurred on the date stated above, atm The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Mad	(Duration) yrs mos ds. Contributory Secondary
10 NAME OF Claude Gilbert V 11 BIRTHPLACE OF FATHER (State or country) Perma 12 MAIDEN NAME OF MOTHER	(Signed) (Duration) yrs mos ds. (Signed) (Signed) (Received the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE POST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTA) At place In the ot death yrs mos ds. State yrs mos ds Where was disease contracted, if not at place of death? former or usual residence.
(Address) Bescogii Filed Dec. 29", 1915 Mas Jas Severe	Bladeus Lurg Ind. Dec 29 191. 5. 20 UNDERTAKER Lacelis Sous Bladeus Lurg 9m.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: uess. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinife): Tubcrculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probability LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions." "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustiou," (Recommendations on statement of (name origin; "Can-State cause for



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

V. S. No. 1.

County Stance Strage 21869	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 245
Village or City Bresetsward (No,	St; Ward) [If death occurred in a hospital or institution, give its HAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCEO (Write the word)	(Month) (Day) (Year)
7 AGE 8 AGE 9 AGE 1	that I last saw here alive on More 30 , 1915, and that death occurred on the date stated above, at
OCCUPATION (a) Trade, profession, or particular kind of werk (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Burelles) yre.) mos. de.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE 13 BIRTHPLACE	(Signed) Address) Address) State the Disease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Ohm Trues haber	At piece in the of deeth yre, mes, ds, State, yrs, mes, dn, Where we disease enertected, if met all piece of deeth? Former or usual residence
(Address) Brentwood Md 16 FRed Dec 2", 1915 Mas. Jas. Severe	18 PLACE OF BURIAL OR BEMOVAL DATE OF BURIAL Washing Tor LOG, LONG 3. 7, 181.2. 20 UNDERTAKER ADDRESS Bladewshing med
If more blanks are needed, address State Registrar,	16-W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoknow (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons business or industry, and therefore an additional line For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia of lungs, menin-

Example: Measles (disease causing death), 29 ds.; Bron-chopneumonia (secondary), 10 ds. Never report mere ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... on statement of eause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations BUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For VIOLENT DEATHS birth or miscarriage as "Puerperal septichuemia," "Puerperal peritonitis," etc. State cause for which symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-(name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

UNFADING INK-THIS IS

WRITE PLAINLY, WITH

AGE

of information should be carefully supplied.

DEATH in plain terms, so that it may be see instructions on back of certificate.

state Very

RECORD

A PERMANENT

AGE should be stated EXACTLY. PHYSICIANS should a properly classified. Exact statement of OCCUPATION is

-Every Item CAUSE OF Important.

N. B.

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 23

_St.;	W	a	rd)
-------	---	---	----	---

[If death occurred la a hospital or institution, give its NAME lastead of street and number.]

FULL NAME Sharily O	noso
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
temele Colored Single, Married Widower, Married Orbitored (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I hereby certify, That I attended decessed from
6 DATE OF RIRTH Sac D 1/5-45 (Month) (Day (Year)	that I last saw h Malive on Dec 1 1915.
TAGE If LESS than 1 dayhrs. ORmin.?	and that death occurred on the date stated above, at
particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos 6 1s. Contributory January
(State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN OF MOTHER OF MOTHER	(Signed) (Offration) yrs mos ds. (Signed) (Signed) (Offration) (Offration) yrs mos ds. (Signed) (Offration) (Offration) (Offration) yrs mos ds.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos. ds. State yrs, mos. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Yawa Lyon	Where was disease contracted, If not at place of death? Former or usual residence
Filed LLC 3 st, 1915 Henry B. Contel	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL AMARIAN DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 E Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. the nature of the business or industry, and therefore an who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupaespecially in industrial employments, it is nec-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., mia," "Puerieral peritonitis," childbirth or miscarriage as "Puerperal septichacmus," "Old Agc," "Shock," "Uraemia," "Weakpess," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," Measles (Recommendations on statement of (disease causing death), 29 ds.; etc. State cause for



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

County True Surp	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 232
VHIago or City Up Meullous (No. 1) 2 FULL NAME HO mame Stiff	St.; Ward) [If death eccurred in a hespital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mall Polaci (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Opate of Birth (Month) (Day) (Year) 7 AGE (Month) (Year) 1 day, hrs. OR min.?	that I last saw h
OCCUPATION (a) Trade, prefession, er particular kind of work (b) General nature of ledustry business, er establishment in which emplayed (er empleyer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER OF MC HERRISON 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER Adalus	(Signed) J. Color M. 6. (Signed) J. Color M. 6. (State the DIREASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUST; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	OR RECENT RESIDENTS) At plecs le the ef deeth yrs. mse. de. State, yre. moe. ds. Where wes disease contrested, lf not at place of deeth?
(Address) In Meallow, 18 FRed au 1., 1916 A Smothauth REGISTRAN If more blanks are needed, address State Registrar,	19 PLACE OF BURIAL OF REMOVAL Upper modebow hed fair 1 1916 29 Upper Remove Address Address Apper Warlbow hes

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook. Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 urs.). For persons who have no occupation whatever, write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for nalignant neoplasms); Measles; Whooping cough; Chronic valvutar heart diseose; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Meosles (disease causing death), 29 ds.; Bronchopneumonio (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Heart failure," "H cmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Ura mia," "Weakness," ctc., when a definite disease can be accertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, Or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (c. g., sepsis, tetonus) may be stated un'r the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

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PLACE OF DEATH	STATE OF MARYLAND
County By George	CERTIFICATE OF DEATH
2 0	Registration Dist. No. 243
Village or City Bowce Min.	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead
2 FULL NAME NOT Man	Advicus of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7 sex le leolora 5 single, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Dre (Month) (Day) (Year)
6 DATE OF BIRTH	Decid Burist to 191
Dec 4 1915	, (3),
(Month) (Bay) (Year) 7 AGE (Day) (Year)	that I last saw hammalive on
Dead born 1 day, hrs. yrs. mos. ds. OR min.?	and that death occurred on the date stated above, at
BOCCUPATION (a) Trade, profession, or	· · · · · · · · · · · · · · · · · · ·
particular kind of work	0
(b) General nature of industry business, or establishment in	Ouralion) yrs. mos. ds.
which employed (or employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF	(Buration) yra mos da.
FATHER Richard Howhers	(Signed) flesses Bowle niel M. O.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Lille Heavehur	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
of MOTHER Lille Hawhen	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Proceedings of the Control of the Cont	OR RECENT RESIDENTS) Al place In Iha of dealhyrsmosds. Slala,yrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was diseasa contracted, If not et place of death?
(Informani) Richard Hoawkins	Former or usual residence
(Address) Bowe hu	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Dre 4, 1915 Nelson A Ryon 3nd	20 UNDERTAKER That Appress Towie Ind
, and the same same same same same same same sam	

[Approved by U. S. Census and American Public Health Association.]

write Nonc. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salcsman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton precise specification as Day laborer, Farm laborer, Laborer is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing death with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

lapse," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., scpsis, telonus) may be stated head-homicide; Poisoned by corbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, "Puerperal peritonities," etc. State eause for which birth or misearriage as "Puenpenal septicharmia," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Meastes; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of cough; Chronic valvular heart disease; Chronic interstitial (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull, "Senile," etc.), The contributory (secondary or intercur-"Atrophy," ("Con-



V. S. No. 1.

Coun	ty Prince Seo go or City Mitch Ellville (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 236 St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	2 FULL NAME MANY S. Johnson	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	emale Colored Single Single	16 DATE OF DEATH (Month) (Day) (Year) 17 18 HERERY CERTIES That I attended deceased from
6 DA	TE OF BIRTH	investigated
A	Och 26 ,1915 (Month) (Day) (Year)	that I lest saw h alive on 191 ,
7 AG	if LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 2.4.m. The CAUSE OF DEATH * was as follows:
Cpar	CUPATION Trade, profession, or Movie ticular kind of work	Pneumonia
bus whi) General nature of Industry iness, or establishment in ch employed (or employer)	(Ouration) yrs mos de
9 BI	(State or country) Prince Geo. Co. Md.	Secondary (Oursilon) yrs, mos. ds
v	10 NAME OF Comory Johnson	(Signed) S. M. Leonberger f. 1. Corones. H. o
RENTS	OF FATHER (State or country) Maryland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL OF HOMICIDAL.
PAR	12 MAIDEN NAME Maggie Griffin	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country) Maryland	At place In the of death yrs. mos. ds. State, yrs. mos. ds. Where was disease contracted,
	(Informant) Comory Johnson	If net at place of death? Fermer or swal residence
	(Address) mitchellville md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Private burying ground on Dec 4
File	DEC 3, 1915 S.M. Leonberger	LO UNDERTAKER John P. 580 Co. ADDRESS ADDRESS Writer Ellville
		16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

6 yrs.). For persons who have no occupation whatever, engaged in domestic service for wages, as Servant, Cook write None. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Furm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physition is very important, so that the relative healthful-For many occupations a single word or term on the applies to each and every person, irrespective of age. -Coal mine, etc. Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question Women at home, who are engaged in If retired from

spinal meningitis"); Diphtheria (avoid use of "Croup"); term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to unqualified, is indefinite); Tuberculosis of lungs, menin-Lobar pneumonia, Typhoid fever (never report "Typhoid pneumonia"); fever (the only definite synonym is "Epidemic cerebro-Statement of Cause of Death-Name, first, the DISEASE Bronchopneumonia ("Pneumonia,"

> on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," "Puerperal perilonitis," etc. State cause for which etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," Struck by railway train-accident; Revolver cause. Always qualify all diseases resulting from childgenital," "Senile," etc.), "Dropsy," "Exhaustion, symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitual "Anaemia" "Tumor" for malignant neoplasms); Measles; Whooping "Coma," (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intercur-"Atrophy," wound ("Con-

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-



MARQIN

OCCUPATION PHYSICIANS RECORD statement pe O properly AGI supplied. pe UNFADING may certificate. that 80 jo back plain Instructions 5 DEATH OF important. Every It

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No Ilt death occurred lo Ward) a hospital or lostitution. give its NAME Instead of street and oumber.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, widowed, hadowed ordivorced (Write the word) (Day I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. mos: T OR min. ? 9 OCCUPATION none (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory Secondary (Duration) Yrs.....mos.. 10 NAME OF FATHER ((Signed) 11 BIRTHPLACE (Address) PARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) ot death ___ yrs. ___ mos. __ Where was disease contracted. If not at place of death? usual residence BURIAL OR REMOVAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illwho receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canscpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably mia," "Puenperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcasics (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory Always qualify all diseases resulting from (secondary or intercurrent)



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be proporly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING FOR INK-THIS RESERVED WITH UNFADING MARGIN PLAINLY, WRITE V. S. No. 1. N.B

1 PLACE OF DEATH

County Prince George's	(D) CERTIFICATE OF DEATH
	Registration Dist. No. 231
VIIIage or City Bladenskuy (No. ,	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Just de Color or Page 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Month) (Month) (Day) (Year)
Mghth	that I last saw her alive on received above, at 1000 m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, prefession, er particular kind et work (b) General nature of ledustry business, er establishment in which employed (er empleyer)	Contributory Court
(State or country) 10 NAME OF PATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME (State or country) 12 MAIDEN NAME	(Signed)
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Md -	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yes
(Interment) Possilie balrest Kearney	Where was disease contracted, If not at place of death? Former or would residence
(Address) P.F. tel: Landows med. 16 Filed Day 8, 1915 Jan. D. Spicer Local PRINTERAR	Nashugton Die Address Vaschis Lous Bladensburg

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING NEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be the duties of the household only (not paid Housekeepers mobile factory. cian, Compositor, Architect, Locomotive engineer, ness of various pursuits ean be known. The question Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. write None. -Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the is very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebro-CAUSING NEATH (the primary affection with respect to Typhoid fever (never report "Typhoid pneumonia"); term for the same discase. Examples: unqualified, is indefinite); Tuberculosis of lungs, menin-Lobar pneumonia, Statement of Cause of Death-Name, first, the nisease and causation), using always the same accepted Bronchopneumonia ("Pneumonia, Cerebrospinal

> and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull SUICIDAL, or HOMICINAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uracmia," "Wcakness," genital," "Senilc," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" chopneumonia (secondary), 10 ds. rent) affection need not be stated unless cough; Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee head-homicide; Struck by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from ehildetc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping The contributory (secondary or intercur-Poisoned by carbolic Never report mere "Atrophy," "Colacid-probably important. ("Con-

tions answered in detail, it will prevent must be obtained before ence. All the data is essential and must be obtained before the certificate as permanently filed. If this certificate is looked over thoroughly and all ques-ons answered in detail, it will prevent further correspond-



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Ragistration Dist. No. fif death occurred in ...Ward) a hospital or institution. give its NAME instead of street and comber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIES. WIDOWED, (Month) (Year) ORDIVORCEO (Write the word) (Day I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH _ alive on _____, 191____ (Day 7 AGE If LESS than and that death occurred on the date stated above, at f dayhrs. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) -----BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSES, State (1) MEANS OF TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place lo the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ State _____ yrs. _ Where was disease contracted. tf not at place of death? ... Former or usual residence. PLACE OF BURNAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

. ness of various pursuits can be known. The question should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statemeut. additional live is provided for the latter statement; the nature of the business or industry, and therefore an applies to each aud every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: causing neart, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Mauager," "Dealer," ctc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing decision with respect to time and causation), using always the same accepted term for the same disease. Examples: Corotrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronia injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," childbirth or miscarriage as "Puerperal schichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Seuile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; ctc. State cause for For vio-



No. 1. vi

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Item of Information should be carefully supplied. OF DEATH in plain terms, so that it may be not. See instructions on back of certificate.		(Informant) Owen Le
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1 PLACE OF DEATH



(No....

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No. 204		

.St.;.... .Ward) [if death occurred in a hospital or institution.

IAME Mitchel Ther	give its NAME instead of street and number.]			
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
OLOR OR RACE SINGLE, MARRIED, WIDOWED, Willowed	16 DATE OF DEATH OLE 29, 1915 (Month) (Day (Year)			
Hack ORDIVERCED (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from Dic 78, 1915, to Dec 29, 1915			
(Month) (Day (Year)	that I last saw h man allve on Die 29, 1913			
If LESS than f day,hrs. ORmin.?	and that death occurred on the date stated above, at m The CAUSE OF DEATH* was as follows:			
Laborer	Cerebral Hemorrhoge & Chronic Rheumottom			
t in Farmer	Contributory Cirebral Hemoritage Secondary			
Yorth Carolina inknown	(Signed) for M. Durgton) yrs mos / ds (Signed) for M. Durgton, M. D (Address) Congrues) { eights Dr			
ntry) unknown	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDEN TAL, SUICIDAL, OF HOMICIDAL.			
ntry) vulknown DE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death?			
en Liberty	Former or usual residence			
1915 Edgas D. Houth In h	Chafel Holl ad Dec. 31, 1915			
	trar, 6 E. Franklin St., Ralto., Requesting V. S. No. 1.			

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not statement. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," The (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senlle," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronehopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Mcastes (discase causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. S. No. 1.

County 21878	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 239
Village or City Saure (No. , Mice	Oley [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
The White the word) 4 COLOR OR RACE 5 SINGLE, MARRIED, WHORED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH Jan. (Month) (Day) , 19/5 (Year)	that I last saw h ** alive on Ace 10 , 1915,
7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 6.0m. The CAUSE OF DEATH * was as follows:
COUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Ouration) yrs. mos. ds. Contributory Secondary
10 NAME OF FATHER GLOT, At Sailley 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Mans of Injury; and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER OF MOTHER OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the af death
(Address) Mrs & # Silly (Address) Mrs & # Silly Filed Loci/6", 1915 Www. a, Fairall	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL AND MILE 20 UNDERTAKER ADDRESS
REGISTRAN If more blanks are needed, address State Registrar, 1	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. ciun, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, very important, so that the relative healthful-The material worked on may form part Locomotive engineer, But in many cases, The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal sephicharmia," "Puerperal perilonitis," etc. State cause for which etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," cause. Always qualify all diseases resulting from child-"Anaemia" (merely symptomatic), "Atrophy,' hapse," "Coma," "Convulsions," "Debility" genital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never rent) affection need not be stated unless cough; Chronic valvular heart disease; Chronic interstitial Example: Measles (discase causing death), 29 ds.; Bronnephritis, etc. ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... "Tumor" for malignant neoplasms); Measles, Whooping (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull, The contributory (secondary or intercur-"Dropsy," "Exhaustion," "Atrophy," "Col-ACCIDENTAL, report mere important. -probably ("Con-



Z statement CERTIFICATE OF DEATH PHYSICIA Registration Dist. No. If death occurred in Exact a hospital or institution. give its NAME instead of street and number. RECORD EXACT classified MEDICAL CERTIFICATE OF DEATH STNGLE. 16 DATE OF DEATH 3 SEX stated MARRIED. WIDOWED (Month) (Day) OR DIVORCED property certificate **HEREBY CERTIFY, That I attended deceased from** 6 DATE OF BIRTH (i) (Month) 2 If LESS than 7 AGE Of may إدا 1 day, hrs. back 0 mln. ? 40 that OCCUPATION supplied ō (a) Trade, profession, or SUO particular kind of work. 00 (b) General nature of industry business, or establishment in UNFADING which emplayed (or emplayer) Contributory 9 BIRTHPLACE (State or country) lain See 10 NAME OF be FATHER 2 (Signed) 0 important. 11 BIRTHPLACE ENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal or Homeidal. 0 12 MAIDEN NAME O OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, of informati OR RECENT RESIDENTE 13 BIRTHPLACE in the At miece OF MOTHER of deeth yre. _____ds. Stete, _______mee. _____de. (State or country) Every Item of in control state CAI Where was disease contracted. If ont at place of death? ... usuel reeldence DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 15 W. Saratoga St., Balto., Requesting V. S.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various nursuits can be known. The question tion is very important, so that the relative healthfulwrite Nonc. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, ctc. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons "Foreman," "Manager," "Dealer," etc., without more business or industry, and therefore an additional line For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in For persons who have no occupation whatever If the occupation has been changed Locomotive engineer, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonacum, etc., Carcinoma, Sarcoma, etc., of. on Nomenclature of the American Medical Association.) and consequences (e. g., 'sepsis, telanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. (name origin; "Cancer" is less definite; avoid use of on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL perilonilis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senilc," etc.), lapse," "Coma," Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping head-homicide; Poisoned by carbolic acidbirth or miscarriage "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Anaemia" by railway train-accident; Revolver The nature of the injury, as fracture of skull (mcrely symptomatic), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intercuras "Puerperal septichaemia," "Dropsy," "Exhaustion," State cause for which Never report mere "Atrophy," wound of -probably ("Con-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINEY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED V. S. No. 1.

1 PLACE OF PEATH A	
PLAGE OF DEATH	STATE OF MARYLAND
County Mulle Leorge	CERTIFICATE OF DEATH
2	Posistation Plea Nr. 239
horus 04	Registration Dist. No.
Village or City Juliu (No	Str; Ward) [If death occurred in
	a hospital of Institution, give its NAME instead
2 FULL NAME MOTY/ONW	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OF RACE 5 SINGLE, MARRIED, Married	18 DATE OF DEATH LUC. 254 1015
Male While OR DIVORCED OR DIVORCED	(Month) (Day) (Year)
6 DATE OF BIRTH	HEREBY CERTIFY, That attended deceased from
11 1 2	Merch 1945 to 200 23 4 191 D
	(ear) that I last saw h Wallve on be 35 , 1915;
7 AGE	and that death occurred on the date stated above, at 7.7. m.
34 VIS. Q Mes. 16 ds. OR M	
113,	Jana Marie
(a) Trade, profession, or	
particular kind of work (b) General nature of Industry	lardiae
Dusiness, or establishment in	(Burstian) Fire from mas - de
which emplayed (or employer)	- Julgangula 1
State or country)	Secondary Secondary
10 NAME OF	(Buration) yrs mos de/
FATHER Claud W. Mark	(Signes) (Signes)
11 BIRTHPLACE	Vac 27, 19t (Address) Faury
(State or country) Lews estrancia	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Many Country,	OR RECENT RESIDENTS) At place In the
	of death yre. mes. de. Stata, yrs. mes. de. Where was disease confrected.
14 THE ABOVE IS THE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Jafermani) Mall U Mall By C	Former ar
(A) Dans I mas	19 PLAPE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Jan Skill to Marche
18. 1000 25- 1- Man Q. Hingel	Joy, Tue Cencery. July 18., 101.
Filed 200,2/ 1915 10/100, 00, 0 aurale	20 DESTAKES TO PRESS
REGISTRA	The state of the s
If more blanks are needed, address State Resident	strar, & W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully mill; (a) Salcsman, only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Stationary fireman, etc. But applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Scrvant, Cook taken to report specifically the occupations of persons who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," of the second statement. mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physiwrite None. For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part (b) Grocery; (a) Foreman, Never return "Laborer," But in many eases, etc., without more If retired from engineer, Civil (b) Auto-

Statement of Cause of Beath—Name, first, the disease causing dearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bru rent) affection need not be stated unless important nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., scpsis, telanus) may be stated hcad—homicidc; Poisoned surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL peritonitis," etc. State eause for which cause. Always qualify all diseases resulting from child-birth or miscarriage as "Puerperal septichaemia," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver "Coma," The nature of the injury, as fracture of skull, (merely symptomatic), "Atrophy,' oma," "Convulsions," "Debility" The contributory (secondary or intercurby carbolic acid—probably "Dropsy," "Exhaustion," Never report me "Atrophy," "Colwound of ("Con-



If more blanks are needed, address State Registrar, 16 W. Saratoga St., Batto., Requesting V. S. No. 1.

1 PLACE OF DEM

.t of

County

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

.....Ward)

If death occurred in a hospital or institution. give its NAME instead of street and number.]

	(Month)	(Da	y) (Year)
I HEREBY CERTIFY	, That I, a	ttended de	ceased from
, 191	, to		, 191
hat I last saw halive	on		191
nd that death occurred on	the date s	tated abov	e, at 🥌 m
he CAUSE OF DEATH & W	as as follo		
	(Duration)	уго	ds
Secondary	/ (Buralton)	Qyre	mosds
Signed) (Address 25 191, 5 (Addr	7 12 (88) A C	und	5 mi
*State the DISEASE CAUSI CAUSES, state (1) MEANS OF SUICIDAL OF HOMICIDAL.	NG DEATH, O	r, in deaths f (2) whether	ACCIDENTAL,
S LENGTH OF RESIDENCE (FO OR RECENT RESIDENTS) At place of deathyrsmes	In the		NS, TRANSIERTS
Where was disease centracted, It not at place of death?			000000000000000000000000000000000000000
Former or usual residence			
PLACE OF BURIAL OR REM	OVAL	Nec	BURIAL /4

Z

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salcsman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfultaken to report specifically the occupations of persons -Coal minc, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," "Scnile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," chopneumonia (secondary), 10 ds. Never report mere nephritis, etc. (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Meastes; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of.,.... on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the lapse," "Coma," "Anaemia" symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitia on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated Struck state MEANS OF INJURY and qualify as ACCIDENTAL, cause. Always qualify all diseases resulting from childto determine definitely. Examples: "Accidental drowning; by railway train-accident; Revolver wound (merely symptomatic), "Atrophy," ma," "Convulsions," "Debility" The contributory (secondary or intercur-"Atrophy," "Col-("Con-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

No. 1.

V. S. No. 1.

N. B.

Village or City Four Corners (No. 2) 2FULL NAME Gorge C. M.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Territorial WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH Aug 17, 1847 (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from 107 8 1915 to Dec 8 1915, that I last ssw h was alive on Dec 9 1915
TAGE 1 If LESS than t day,hrs. OR. min.? 8 OCCUPATION (a) Trade, profession, or particular kind of work. Particular kind of work. Residung Particular.	and that death occurred on the date stated above, at 730 pm. The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER John Robert Brownlood. 11 BIRTHPLACE OF FATHER (State or country) Jews. 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed) (Duration) yrs mos ds. (Signed) (Signe
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State yrs mos ds Where was disease contracted, if not at place of death? Former or usual residence.
Filed Dev. 9", 1915 Mrs., as-Severe New PEGISTRAR	19 PLACE OF BURIAL OR REMOVAL Coshington . Date of BURIAL LOCAL MED

If more blanks are needed, address State Registrer, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return. "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer For many occupations a single word or term on the who have no occupation whatever, write None. ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as who receive a defiuite salary), may be entered as mine, etc. Women at home, who are engaged in the material worked on may form part of the second Statement of occupation-Precise statement of occupa-As examples:

Statement of cause of death—Name, first, the disease causing death—In a frection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite diseasc can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomencla sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) "Contributory." The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of (secondary or intercurrent) Never report



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS

V. S. No. 1.

N.B.

16

Filed 20 ec/ 23, 1915-

1 PLACE OF DEATH	STATE OF MARYLAND
1 6 Games 2 800	CERTIFICATE OF DEATH
County Truce Elycs	
	Registration Dist. No. 242
Village or City Harmonicho, Klerg	fit death occurred in
Village or City 1000000000000000000000000000000000000	a noopital of institution,
	give its NAME Inslead of street and number.]
FULL NAME Jason M	ulling of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MA MIL.	16 DATE OF DEATH
MARRIED, MUVUL	191 D
(Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	
19/1	, 191, to, 191
(Month) (Day (Year)	that I last saw h alive on, 191
7 AGE If LESS tha	and that death occurred on the date stated above, atm
1 day,hr	
	- Sligngulation Causey
(a) Trade, profession, or the thes	La Mary during humself
(a) Trade, profession, or Hutter	and the state of t
(b) General nature of industry,	
business, or establishment in which employed (or employer)	(Quration)yrsmosds.
9 BIRTHPLACE	Contributory
(State or country)	Secondary
10 NAME OF	
FATHER CALL LA LO LA COLLEGE	(Signed) Alguel DB que, M, D.
M 11 BIRTHPLACE	, 191 (Address) Bladersburghe
11 BIRTHPLACE OF FATHER (State or country) 12 M 12 MAIDEN NAME OF MOTHER	
M 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
OF MOTHER	
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
OF MOTHER (State or country) LU OL	Af place In the of death yrs mos ds. State yrs, mos ds
	Where was disease contracted,
THE ABOVE STRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Interment) Thomas P Hallay	Former or
123x 11 mely is 100	19
(Audress) 20% SCD 6. dU.C	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

ADDRESS The 1231 SES If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

28 E

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING NEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. dutics of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Never return "Laborer," Women at home, who are engaged in the "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nophritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerrenal scottichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: accidental, suicinal, or homicidal, or as probably IENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; "Senile," ctc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion,



WRITE PLAINLY, WITH UNFADING INK-THIS IS

Very

PHYSICIANS should state

RECORD

PERMANENT

should be stated EXACTLY.

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is

AGE

carefully supplied.

should be

information

CAUSE OF DE Important. See

N. B.

See instructions on back of certificate.

V. S. No. 1.

1 PLACE OF DEATH

21884

(08)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

-St.;----Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Trans los Go harris

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX Horny	all White Single, Married, Widowed, Wishers (Write the word)	16 DATE OF DEATH (Month) (Day (Year)		
6 DAT	(Month) (Day (Year)	that I last saw h dra alive on holder 9 , 1914.		
P AGE	UPATION ade, protession, or	and that death occurred on the date stated above, at 3 a.m. The CAUSE OF DEATH* was as follows:		
partice (b) Ge busines Which	ular kind of work eneral nature of industry, ss, or establishment in employed (or employer) THPLACE tate or country)	Contributory aschae as thense		
ENTS	O NAME OF FATHER Palm Carly BIRTHPLACE OF FATHER (State or country) MAIDEN NAME MAIDEN NAME	(Signed) (Address) , M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
14 THE	3 BIRTHPLACE OF MOTHER (State or country) Classon E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE OF MOTHER (STATE OF MY KNOWLEDGE)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONS, TRANSIENTA. OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, If not at place of death?————————————————————————————————————		
15 Flied	Le 13, 1975 Arlan a Ryon ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Holy Trunch College of 13, 1915		

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner; (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

lesis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia brospinal meningitis"); Diphtheria (avoid use of fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted causing dearn (the primary affection with respect to ("Pneumonia," unqualified, is indefinite): Tubercu-"Croup";) : Typhoid fever (never report "Typhoid Statement of cause of death-Name, first, the DISEASE

> aant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligmia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e.g., LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." (Recommendations on statement of scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably The contributory (secondary or intercurrent)

the certificate is permanently filed. ence. All the data is essential and must be obtained before tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED MARGIN

County Prime Grong & Co.	CERTIFICATE OF DEATH
60-1	Registered No. Z3
Village or City Ohlland (No	St; Ward) [It death occurred in e hospitel or institution, give its NAME instead of street and number.]
2 FULL NAME William ST	- Vionin
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE MARRIED. Marries Whate Organizates (Write the word)	(Month) (Day) (Year) 177. A I HEREBY CERTIFY, That I attended deceased from
X X June 14, 1562 (Month) (Day) (Year)	that I last saw h has allys on December 26, 1915.
7 AGE X 53 yra 6 mos 12 X if LESS than 1 day, hra. OR min.?	and that desth occurred on the date stated above, at 1718, m. The CAUSE OF DEATH * was as follows:
a) Trade, profession, or Blackswift. particular kind of work.	acute rephylis.
(b) General nature of industry, business, or establishment in which employed (or employer)	Contributory Cardeac whaustur
State or country) Service State or country)	(Secondary) (Obration) yrs moa 6s.
10 NAME OF Henry Mortine	(Signed) Chertes M. O. Cum, M. D.
11 BIRTHPLACE OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER CLINICA Paralleng	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
of Mother Eurica Brenting	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place of death yrs, mos, ds. State yrs, mos, ds.
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Yra I hollow Y	Former or usuel residence
(Address) Suilland Mo.	19 PLACE OF BURIAL OF REGIONAL DATE OF BURIAL DEC. 29 1910
Filed Det 29, 1915 Saml & Con Local REGISTRAR	20 UNDERTAKER JOHN ADDRESS 409 St StS.
If more blanks are needed, address State Registrate	r, 6 H. Franklin St., Balto., Requesting V. S. No. 1.

STATE MARYLAND

21.895

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples For persons "Foreman,"

CAUSING DEATH (the primary affection with respect to me and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonla"); Lobar pneumonia; Bronchopneumonia ("Freemononia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinossis of lungs, meninges, peritonacum,

such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage, as "Puerperal septichae-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. ample: Meastes (disease causing valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify an genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head (name origin; "Candeath), 29 ds.; Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 5-1916 BUREAU, V.S. AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

RECORD

PERMANENT

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UNFADING INK-THIS IS

WRITE PLAINLY, WITH

carefully supplied.

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See instructions on back of certificate.

Every item of information should CAUSE OF DEATH in plain terms important. See instructions on bac

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No. υż County Prince Georgia

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

llada on City astar	Berury	(No	

St.; Ward)

[if death occurred in a hospitat or institution,

•	FULL NAME (Mise arriage) P	lillifs	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
ilu	desided while (Write the word)	(Month) 17 I HEREBY CERTIFY, That	(Day (Year)
8 D	(Month) (Day (Year) GE Miscarrige If LESS than 1 day, hrs. yrs mos ds, OR min.?	that I last saw h alive on and that death occurred on the date state. The CAUSE OF DEATH* was as follows:	, 191, 191 , 191 ed above, atm
(a ps (b bu	CCUPATION a) Trade, profession, or serticular kind of work	Contributory Secondary	yrsds
RENTS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME (State of Country)	(Signed) (Address) Causing Death, Causes, state (1) Means of Injury; Tal, Suicidal, of Homicidal.	A. A
of Mother alies M. Brown 13 BIRTHPLACE OF MOTHER (State or country) Ballings. Ind. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) W. Alley wifted		16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds Where was disease contracted, if not at place of death? former or usual residence	
15	(Address) Bury W.C.	19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER	DATE OF BURIAL, 191

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

(Approved by U. S. Census and American Public Health Association.)

essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nover return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mus," "Old Age," "Shock," "Uracmia," "Weakness." thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated nnless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth on miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. thre of the American Medical Association.) canse of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably snieide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," The nature of the Never report For vio



PLACE OF DEATH

INS It of	Court & Prince Seonges 60	STATE OF MARYLAND
SICIA	County X / Smeet Seorge 82	CERTIFICATE OF DEATH Registration Dist. No. 28
Exact sta	Village or City Blackersburg (No. 2 FULL NAME John T. Pigner	St.; Ward) [if death occurred in a hospital or institution give its NAME instead of street and number.]
EXAC sified.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
stated E	Male 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED Write the word)	16 DATE OF DEATH (Month) (Day), 1910 (Year
should be a r be properl f certificat	GDATE OF BIRTH Cugust 26th 1842	I HEREBY CERTIFY, That I attended deceased from 1915, to 1915
AGE sho it may be back of ce	7 AGE (Month) (Day) (Year) 1 day, hrs. or min.?	and that death occurred on the date stated above, at
upplied.	(a) Trade, profession, or particular kind of work (b) General nature of industry	rephritis
rms rrms truct	business, or establishment in which employed (or employer)	(Ouration) Syrs, mos.
ain te	9 BIRTHPLACE (State or country) Balto	Secondary
H in pl	o Harris Daliel Piquit	(Signed) The most most most most most most most most
DEATH nportar	C OF FATHER (State or country)	*State the Disease Causing Death or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicipal or Homicipal.
nformation USE OF is very in	of MOTHER Sarah Rench 13 BIRTHPLACE OF MOTHER (State or country) Not known	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At place In tha of death yrs
state CA	Informat) Rullin M Bundette	Whera was disaase contracted, if not at place of death ?
Every it should a	(Address) Bladensbring Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Sec. 12, 1915.
B.—Ev	Fled Dec 1 to 1915 - M. D. Spicer	20 UNDERTAKER ADDRESS
ż	If more blanks are needed, address State Registrar,	16 W. Saratora St., Batto, Requesting V. S. No. 1.
- 1	and the state of t	The state of the s

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, write None. state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be Housemaid, etc. If the occupation has been changed wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-The material worked on may form part If retired from "Laborer, (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Associat on statement of cause of death approved by Comm and consequences (e. g., sepsis, telanus) may be st under the head of "Contributory." (Recommendate SUICIDAL, OF HOMICIDAL, OF as probably such, if imposto determine definitely. Examples: Accidental drows suicide. The nature of the injury, as fracture of s head-homicide; Poisoned by carbolic acid-pro Struck by railwoy train-accident; Revolver wound state MEANS OF INJURY and qualify as ACCIDEN surgical operation was undertaken. For violent de birth or miscarriage as "Puerperal septichaes" "Puerperal peritonitis," etc. State cause for v cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained a "Heart failure," "Hacmorrhage," "Inanition," "M genital," "Senile," etc.), "Dropsy," "Exhaust "Anaemia" (merely symptomatic), lapse," "Coma," "Convulsions," symptoms or terminal conditions, such as "Asth chopneumonia (seeondary), 10 ds. ges, perilonueum, etc., Curcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid 1 Example: Measles (disease causing death), 29 ds., rent) affection need not be stated unless impo cough; Chronic valendar heart disease; Chronic inter "Tumor" for malignant neoplasms); Measles; Who "Old Age," "Shock," "Uracmia," "Weakr The contributory (secondary or int State cause for v "Debility" Never report "Atrophy,"



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in .Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. 19KS WIDOWED OR DIVORCED (Write the word) (Day) (Month) (Year) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 6 (Day) (Year) (Month) 7 AGE If LESS than death occurred on the date stated above, at 1 day hrs. mla.? OR OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, 12 MAIDEN NAME Œ SUICIDAL OF HOMICIDAL. 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs.mss. Stete. Where was disease contracted, 14 THE ABOVE (S TRUE KNOWLEDGE tf not at placs of death? Former or usual residence DATE OF BURIAL

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm loborer, Loborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Cool mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the For persons who have no occupation whatever, various pursuits can be known. The question The material worked on may form part Women at home, who are engaged in Locomotive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., scpsis, telonus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injuny and qualify as accidental, surgical operation was undertaken. For violent deaths to determine definitely. Examples: Accidental drowning. "PUERPERAL perilonilis," etc. State cause for which birth or miscarriage as "PUERPERAL septichuemio," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstitial chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping The contributory (secondary or intercur-"Dropsy," Never report mere "Exhaustion,"



V. S. No. 1.

N. B.

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pinin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD -Every Item of information should be CAUSE OF DEATH in plain terms, s



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 2

St.;----Ward)

[it death occurred in a hospital or institution give its NAME Instead ot street and nomber.]

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 51	Hale believed 5 single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Acc 25, 1915 (Month) (Day (Year)	
6 DATE OF BIRTH CMonth) (Month) (Day (Year)		Hary Miss Brooker Caceyon, that last saw h solve on to new ow his	
TAC	/ yrs 2 mos 3 ds 1 day,hrs. OR min. ?	and that death occurred on the date stated above at m. The GAUSE OF DEATH * was as follows: 26 day of Dee and after out to	
(a) pai (b) bus	Trade, profession, or ticular kind of work	he died from testing and Stoward trouble on the attention days of mothers.	
9 81	RTHPLACE (State or country) Han Cedarvillo	Secondary and aced Secondary Las get a play sain secondary had free aced Secondary Sept 10th when secondary of when secondary	
11 BIRTHPLACE OF FATHER OF FATHER OF FATHER OF FATHER 12 (Signed) 13 BIRTHPLACE OF FATHER OF F		(Signed) , M. D. (Signed) , M. D. *State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY: and (2) whether Accounts.	
4	13 BIRTHPLACE OF MOTHER (State or country) HEAV Maleslew HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds. State yrs, mos, ds Where was disease contracted,	
(Interment) Hary In Procles		If not at place of death?————————————————————————————————————	
Fili	(Address) Dedarrolle Md.	20 UNDERTAKER A. Grices ADDRESS Clycoxes here	
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.			

[Approved by U. S. Census and American Public Health Association.]

mine, etc. who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupatious a single word or term on the ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the misease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

lnjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puenreral peritonitis," etc. State cause for thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asuant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomeucla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICINAL, OF HOMICINAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal scotichacctc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Couvulsions," "Debility" ("Conaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less defluite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustion," For vio-



V. S. No. 1.

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Coun	1 PLACE OF DEATH 21890 hty Puncelseo	STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No.
Villa	ge or City tiffer Markhord	St.; Ward) [If death occurred in a haspital or institution, give its NAME instead
	2 FULL NAME Elizabeth Ph	chardson of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	x 4 COLOR OR RACE 5 SINGLE, MARRIED, Single Or Or Divorced (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY. That attended deceased from
6 DA	TE OF BIRTH	Deal Second deceased from
	1901	D. C. 7 . 5
7 AG	(Month) (Day) (Year)	that I last saw har allve on 191
	1 day, hrs.	and that death occurred on the date stated above, at
	O Du 1 7 yrs. mas. ds. or min.?	THE CAUSE OF BEATH & Was as follows:
1/2	Trade, profession, or School guil	Jumos of brance
[A] pas) General nature of lodustry sinoss, or establishment in ich employed (or employer)	(Duration) 1 yrs. mos. / ds.
9 BI	RTHPLACE (State or country) Maryland	Secondary (Qurafion) Yrs. mos. ds.
	10 NAME OF Vashington Rechards on	(Signed) Terred Source , M. O.
RENTS	of FATHER (State or country) Mayland	*State the Pispass Causing Drath, or, in deaths from Violent Causes, state (1) Years of Injury; and (2) whether Accidental,
PAR	12 MAIDEN NAME Chy about Marshelf	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country) Macerland	At place In the of death yrs. mes ds. Stats, yrs. mos. ds. Where was disease contracted,
(Informant) Wallace Dagg		If not at place of death? Former ar usuel residence
	(Maddess) Uffer MacObord	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 File	ed Dex 14, 1915 Registrate	20 UNDERTAKER ADDRESS COLL & Miles allowed & M
11	TIE GIOTAGO	

[Approved by U. S. Census and American Public Health Association,]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer. Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foremail," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife. Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and /causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurreat) affection need not be stated unless important. Example: Measles (disease eausing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Tropsy," "Exhaustion," "Heart failure," "H emorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septichoemia," "PUERPERAL peritonitis," etc. State eause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of oCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED MARGIN V. S. No. 1.

FOR

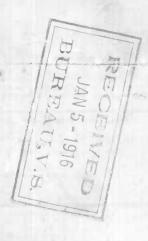
County Ca San 21891	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 238		
Village or City Chulon (No. ,)	St; Ward) [If death eccorred in a hospital or institution, give its NAME instead of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Jex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED Married (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY, That, attended deceased from		
TAGE ODATE OF BIRTH Office (Month) (Day) , 18 6 5 (Year)	that I last saw how alive on Dzc / 2 , 1915, and that death occurred on the date stated above, at // Pm.		
3 0 yrs. 8 mos. 8 ds. OR min.? OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of iodustry business, or establishment in	The CAUSE OF DEATH * was as follows: (Burstlen) yrs. mes. ds.		
Which employed (or employer) BIRTHPLACE (State or eountry) Jreen Co Jisconsic 10 NAME OF FATHER Jun Julian Julian	Contributory Secondary (Bursties) yrs mes ds. (Signed)		
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Lyrane Worether Beyers	State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal of Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,		
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mark Linger	OR RECENT RESIDENTS) At place th ths of desth yrs. mss. ds. Stats, yrs. mes. ds. Where was disess coefracted, it net at place of death? Former or usual residence		
(Address) Chilan Ind Fled Dec 14, 1915. Mary W. Thomas REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Belles Church Lec /4, 1915. 20 UNDERTAKER Scott armstrong Southille, Md.		
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.			

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, Hausemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."); Lobar pneumonia. Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations head-homicide; Poisoned by Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS to determine definitely. Examples: Accidental drowning; mus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"PUERPERAL perilonilis," etc. State cause for which eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. "Heart failure," "Haemorrhage," "Inanition," "Marasrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic volvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of Example: Measles (disease causing death), 29 ds.; Bronor miscarriage as "Puerperal septichaemia," "Dropsy," carbolic acid-prabably Never report mere "Exhaustion,"



RECORD stated PERMANENT NONIB should Ш O supplied fully Ď 0 no of infor

STATE OF MARYLAND 60 10 SICIAN CERTIFICATE OF DEATH Registration Dist. No PHYS If death occurred inWard) a hespital or institution. give its NAME instead EXACTLY of street and number.] classified. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE SINGLE. 16 DATE OF DEATH MARRIED, WIDOWED OR DIVORCED properly (Month) (Day) certificate I HEREBY CERTIFY, That I attended deceased from 6 DATE OF 60 (Month) (Day (Year) TAGE may 0 If LESS than 1 day, hrs. OR min. ? 44 so that OCCUPATION (a) Trade, prefession, or ons on (a) Iraus, protesting of work (b) General nature of Industry instructi business, er establishment in which employed (or employer (Surelion) 9 BIRTHPLACE (State or country) Contributory See in Secondary 10 NAME OF C FATHER Important 11 BIRTHPLACE ENT OF FATHER (State or country) d *State the DISEASE CAUSING DRATE, or, in deaths from VIOLENT W LL CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, 50 œ MAIOEN NAME SUICIDAL OF HOMICIDAL. PA OF MOTHER 0 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS VOFY SE 13 BIRTHPLACE At place In the (State or country) 49 AU Slele. Every Item of instance CAL Where was disease contracted. MY KNOWLEDGE If not of place of deeth? Former e naual rasidance m ż

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

1910

(Year)



[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekespers precise specification as Day laborer, Farm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housemobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the business, that fact may be indicated thus: Farmer (retired "Foreman," "Manager," "Dealer," etc., without more business or industry, and therefore an additional line -Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Women at home, who are engaged in Locomotive engineer, But in many cases, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, meninunqualified,

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Very PHYSICIANS should of OCCUPATION IS RECORD PERMANENT INK-THIS 10 Instructions = WRITE OF mportant. CAUSE

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12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH St: Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEY 4 COLOR OR RACE S'SINGLE. WIDOWED, WY ORDIVORCED Word) (Month) (Day) It LESS than 7 AGE 1 dayhrs. OR min. ? OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) ... ⁹ BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER (State or country)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS

Н	OR RECENT HESIDENTS					
Ш	At place		in the			
I	At place of death yrs mos	ds.	State	yrs	mos	₫
н	Where was disease contracted					

it not at place of death?

Former or usual residence.

0/2	ullos	2	
o uns	ERTAKER	7	()

Ilt death occurred in

a hospital or institution.

give its NAME instead of street and number.]

[Approved by U. S. Census and American Public Health Association.]

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 6-1916 BUREAU, V.S.

A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN V. S. No. 1.

PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SEX COLOR OR RACE SUNGLE MARNIED WIDDWES (Month) (Day) (Year) The LESS final 1 day, hrs. hrs. 1 day, hrs. 2 ds. OR min.? **Occupation** **Occupation** (a) Trade, prefession, or particular kind of work **Occupation** (a) Trade, prefession, or particular kind of work **Occupation** (a) Trade, prefession, or particular kind of work **Occupation** (a) Trade, prefession, or particular kind of work **Occupation** (a) Trade, prefession, or particular kind of work **Occupation** (a) Trade, prefession, or particular kind of work **Occupation** (a) Trade, prefession, or particular kind of work **Occupation** (b) Day (c) Da	PLACE OF DEATH	STATE OF MARYLAND
Village or City. Bowe (No. St.; Ward) 2 FULL NAME Joseph & Stewart 2 FULL NAME Joseph & Stewart 2 FULL NAME Joseph & Stewart 3 SEX 4 COLOR OR RACE SUNGLE, MARNING WIDOWED, OR DIVORGED (Write the word) 6 DATE OF BIRTH 7 AGE 16 DATE OF BIRTH 17 I HEREBY CERTIFY, That I attended deceased from the Line of the Color of the Less than 1 day, hrs. (Month) 7 AGE 18 OCCUPATION (A) Trade, profession, or particular kind of work 8 OCCUPATION (a) Trade, profession, or particular kind of work 8 OCCUPATION (a) Trade, profession, or particular kind of work 8 OCCUPATION (a) Trade, profession, or particular kind of work 8 OCCUPATION (a) Trade, profession, or particular kind of work 10 OCCUPATION (a) Trade, profession, or particular kind of work	County My Merge	27/5
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWE OR DIVORGED OR DIVORGED OR DIVORGED OR DIVORGED OF DEATH 6 DATE OF BIRTH 7 AGE 16 DATE OF DEATH 17 I HEREBY CERTIFY, That i attended deceased from the last saw have alive on subject of last last saw have alive on subject of the last saw have aliv	One fel & Stan	Fif death occurred in
MARRIED. WIDDWED. OR DIVORSED (Month) (Day) (Year) 6 DATE OF BIRTH 7 AGE (Month) (Day) (Year) (Month) (Day	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TAGE If LESS than 1 day, hrs. or mos. 2 ds. OR min.?	manuel middle miles	(Month) (Day) (Year)
8 OCCUPATION (a) Trade, profession, or particular kind of work Rail Road Labor	6 DATE OF BIRTH OLC 1898 (Month) (Day) , 1898	Dec 6, 1915, to Dec 12, 1915
O E	7 yrs. mos. /2 ds. or min.?	
business, or establishment in Lature mos 6 which employed (or employer) BIRTHPLACE Contributory Contributory	(b) General nature of industry business, or establishment in which employed (or employer)	140 t 7 0
CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Hosicidal. 12 MAIDÉN NAME OF MOTHER MANY & Johnson 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSFEI	FATHER Benjamin & Slewort	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (In the State,	OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs. mos. ds. State, yrs, mos. ds. Where was disease contracted, If not at place of death?
Address Bowie Me Place of Burial or REMOVAL DATE OF BURIAL DEC 14, 1913. Filed Aze 13, 1915 Mison aryon and 29 undertaker Appress	Address Bowie ma	19 PLACE OF BURIAL OR REMOVAL Alasant From Cemetary DATE OF BURIAL Learner St. 1915
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	REGISTRAR	

[Approved by U. S. Census and American Public Health Association.]

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genital," SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated head-homicide; Poisoned by state MEANS OF INJURY and qualify as ACCIDENTAL "Public Peritonitis," etc. State cause for which eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the ges, peritonaeum, etc., Carcinomo, Sorcoma, etc., of on Nomenelature of the American Medical Association.) Struck by railway troin-accident; Revolver wound "Heart failure," "Haemorrhage," "Inanition," "Maras-"Annemia" symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of " "Old Age," "Shock," "Uracmia," "Weakness," or misearriage as "PUERPERAL septicharmia," "Coma," The nature of the injury, as fracture of skull, "Senile," etc.), (merely symptomatie), "Atrophy," "Colona," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-"Dropsy," "Exhaustion, carbolic acid-probably Never report mere



STATE OF MARYLAND HYSICIANS statement of CERTIFICATE OF DEATH Registration Dist. No. PHY I if death occurred to a hospital or institution. give its NAME instead EXACTLY of street and number. RECORD classified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX BINGLE. 16 DATE OF DEATH MARRIED, PERMANENT 1915 WIDOWED OR DIVORCED (Month) (Day) (Year) properly rtificate. 17 , That I attended deceased from 6 DATE OF BIRTH pino 00 99 (Month) (Day) (Year) TAGE tf LESS than 40 Ш 1 day, hrs. E CK U The CAUSE OF DEATH * was an follows: min.? d egq OCCUPATION tha supplied (a) Trade, profession, or 0 ons particular kind of work INK 20 (b) General nature of lodustry instructi business, or establishment in term carefully which empleyed (or employer 9 BIRTHPLACE (State or country) ain See 10 NAME OF be 2 FATHER WITH pino O 11 BIRTHPLACE OF FATHER (State or country) d Z State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, m Li 0 12 MAIDEN NAME OC SUICIDAL OF HOMICIDAL. OF MOTHER of informations of CAUSE OF 4 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At aloce in the OF MOTHER WRITE (State or country) of death yrs.mee.de. Stote, yrs. mee. de. Every item of inshould state CAI Where was disease centracted, JATME ABOVE If not at place of death? Former or (toformant) usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address' 15 20 UNDERTAKER ADDRESS 0 Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from employed, as At school or At home. Care should be wife, Housework, or At Home, and ehildren, not gainfully mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to engineer, Stationary fireman, cian, Compositor, Architect, applies to each and every person, irrespective ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-Housemaid, etc. If the occupation has been changed "Foreman," "Manager," "Dealer," etc., without more For many occupations a single word or term on the Statement of Occupation-Precise statement of occupathe seeond statement. For persons who have no occupation whatever, The material worked on may form part ete. Never return "Laborer," Locomolive engineer, Civil But in many cases, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness," genital," "Senile," etc.), "Anaemia" (merely symptomatie), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL perilonitis," etc. birth or misearriage "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anacmia" Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of under the head of "Contributory." (Recommendations by railway train-accident; Revolver Always qualify all diseases resulting from ehild-The contributory (secondary or intercuras "Puerperal septichaemia," "Dropsy," "Exhaustion," State cause for which Never report mere "Atrophy," wound ("Con-



V. S. No. 1.

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LY. PHYSICIANS Exact statement of be carefully supplied. AGE should be stated EXACTLY. I plain terms, so that it may be properly classified. ExaSee instructions on back of certificate. PERMANENT RECORD THIS IS of information should be carefully supplied. WRITE PLAINLY, WITH UNFADING INK Every item of information should should state CAUSE OF DEATH I OCCURATION is very important. 1 PLACE OF DEATH



STATE OF MARYLAND

County / Co	CERTIFICATE OF DEATH	
	Registration Dist. No. 238	
Village or City Culon (No	St: Ward) [If death eccurred in	
1000	a hospitat or institution, give its NAME instead	
2 FULL NAME Y terner T dep	full et street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male Color or RACE 5 SINGLE, MARRIED, WIDDWED OR DIVORCED OR DIV	18 DATE OF DEATH (Month) (Day) (Year)	
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from	
(Month) (Day) (Year)	that I last saw home alive on Dre 15, 1917,	
7 AGE It LESS than	and that death occurred on the date stated above, at / a.m.	
yrs. 4 mos. 1 day, hrs. OR min.?	The CAUSE OF DEATH * was as follows:	
(a) Trade, profession, or particular kind of work	Estero Celeto	
(b) General nature of todustry		
business, or establishment to which employed (or employer)	(Duretion) yrs, mee. de.	
9 BIRTHPLACE (State or country)	Contributory Secondary	
10 NAME OF MALL 71. Whield	(Signed) (Signed) M. O.	
U II BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CANDENT OF IN deaths from VIOLENT	
2 OF PATHER (State or country) 12 MAIDEN NAME Fallie & Hulchinsm	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,	
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place in the ef deethyremeede. Stete,yremoeds.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wes disease contracted, If not at place of deeth?	
(totormant) / Novue + hpust	Formerior would reeldence	
(Address) Clenton mod	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
16	c. Church, Chinton, md Dec 20, 1915.	
Fled Dec 20, 195 Mary W. Thomas	20 UNDERTAKER ADDRESS AT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V./S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. & yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Form laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-Women at home, who are engaged in Locomotive engineer, But in many cases, The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Branchopneumonia ("Fincumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the "Puerperal perilonilis," etc. State cause for which birth or miscarriage cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (inercly symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere genital," "Senile," ctc.), Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvulor heart disease; Chronic interstitiu "Tumor" for malignant neoplasms); Mcosles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of.... "Old Age," "Shock," "Uratmia," "Weakness," The contributory (secondary or intercuras "PUERPERAL septichaemia," "Dropsy," "Exhaustion," ("Con-



PERMANENT 50 back ons Instructi DEATH See jo Item OF mportant. ш Every m ż

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 Ill death occurred to a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RAGE MARRIED. Ner Known (Month) (Write the word) (Day (Year) I HEREBY CERTIFY, That I attended deceased from ..., 191....., to... that I last saw h alive on (Day (Year) If LESS than and that death occurred on the date stated above, at..... 1 dayhrs. The CAUSE OF DEATH * was as follows: OR ? mos 6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place OF MOTHER of death yrs. mos. ds. State yrs, ____ mos. ... Where was disease contracted. if not at place of death?.. Former or usual residence. PLACE OF BURIAL OR REMOVAL 15 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Ralto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probabil LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditious, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report Ex-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

No. 1. σŝ 1 PLACE OF DEATH

P & SACON	CERTIFICATE OF THE
County Tunce Twys 21897	CERTIFICATE OF DEATH
	Registration Dist, No.
B	
Village or City Bowe (No,	St.; Ward) [If death occurred in a hospital or institution,
000 520 #	give its NAME instead
2 FULL NAME Robert D Vanutto	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED	16 DATE OF DEATH SEC 2. 1016
WIDDWED STUDIOUS	(Month) (Day) (Year)
Male Wite ORDIVORCED (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	Nov 26 ,1915, to Dec 2 ,1915
musch 8 1865	
(Month) (Day) (Year)	mater 1
7 AGE If LESS than	and that death occurred on the date stated above, at
5-0 yrs. 8 mos. 2 4 ds. OR min.?	The CAUSE OF DEATH # was as follows:
	- Lagiffe + Pneumoma
8 OCCUPATION (a) Trade, profession, or RR7	/ / /
Charticular kind of work	
(b) General nature of industry business, or establishment in which amplead or amplead	and the same of th
which employed (or employer).	Contributory Weart Failure
9 BIRTHPLACE (State-or country)	Secondary Mean Failure
Ja	(Quration), yrs. mos. / do
10 NAME OF RILLONG	(Signed) James 26 Touth M.
(Variatia	
11 BIRTHPLACE	Dec 2 , 1915 (Address) Brive Mo
State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
OF FATHER (State or country) (Ta 12 MAIDEN NAME OF MOTHER MATTLE M Smith	
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the
	of deethyrsmosds. State,yrsmoeds Where wes disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at piece of deeth?
(Informant) Anna 6 Varialla	Former or usual residence
(Address) Bowie nd	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Sow (C 777	Busino To A Her 11 4
18 Aca std - Not AP	20 ONDERTAKER ADDRESS
Filed 22 3, 1915 Ween Wyon mo;	W 2. / A
REGISTRAR	The The same Down County ou
If more blanks are needed, address State Registrar,	, 16 W. Saratoga St., Balto., Requesting VS. No. 1.

STATE OF MADVIAND

[Approved by U. S. Census and American Public Health Association.]

6 yrs.). business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At sehool or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton eian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, precise specification as Doy laborer, Furm laborer, Laborer is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, various pursuits can be known. The question The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, tetonus) may be stated head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puenperal septichaemio," "Puenperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Anaemia" (mercly symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Meosles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. eough; Chronic "Tumor" for malignant neoplasms); Measles; Whooping cause. "Heart failure," "Haemorrhage," "Inanition," "Marasnephritis, etc. (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... by railway train-orcident; Revolver wound of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), The contributory (secondary or intercurvalendar heart discase; Chronic interstitial "Dropsy," "Exhaustion,"



V. S. No. 1.

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		ery	should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	OCCUPATION is very important. See instructions on back of certificate.
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V. S. No. 1.		N. BEvery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS		

PLACE OF DEATH County Prince Groups STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 23/ Village or City Bladenshing (No.), St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from		
Jan 2/ 1870	that I last saw her alive on the 14 1915.		
7 AGE 1 LESS than 1 day, hrs. OR mln.?	and that death occurred on the date stated above, at 100 m. The CAUSE OF DEATH * was as follows:		
(a) Trade, profession, or	meni canac		
particular kind of work (b) General nature of Industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Contr		
10 NAME OF Nathan J. Ailoogen	(Signed) 324 3 mos ds.		
OF FATHER Cytate or country) 12 Maiden NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (I) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.		
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At placs In the of death		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Many Baurman	ff not at place of death?		
Filed Dee 16 2 1912 Mr. D. Sprees Filed Dee 16 REGISTRAR If more blonks and pedded address State Projections	Place of Burial or REMOVAL Date of Burial Place of Burial or REMOVAL Date of Burial Date of Burial Apprecia Apprecia Apprecia Of Washing Statement of Sta		

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, write Nonc. business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, mobile factory. business or industry, and therefore an additional line especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-The material worked on may form part Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, tetanus) may be stated Struck on statement of cause of death approved by Committee under the head of "Contributory." SUICIDAL, or HOMICIDAL, or as probably such, if impossible head-homicide; Poisoned to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraunia," "Weakness," surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. birth or misearriage as eause. ete., when a definite disease can be ascertained as the genital," "Anaemia" (merely symptomatie), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), "Dropsy," "Exhaustion," by carbolic acid-probably "Puenperal septichaemia," State eause for which (Recommendations Never "Atrophy," ACCIDENTAL, report mere ("Con-



STATE OF MARYLAND

PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton mill: (a) Salesman. (b) Grocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulstate occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekespers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dcaler," etc., of the second statement. Never return "Laborer," mobile factory. is provided for the latter statement; it should be used business, that fact may be indicated thus: Farmer (retired write None. Housemaid, etc. Statement of Occupation-Precise statement of occupa-Coal mine, etc. Women at home, who are engaged in Compositor, Architect, Locomotive engineer, Civil eer, Stationary fireman, etc. But in many eases, For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed If retired from without more

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia of lungs, menin-

cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping surgical operation was undertaken. For violent deates birth or miscarriage as "Puenperal septichaemia," "Puenperal peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by Struck by railway train-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as etc., when a definite discase can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Always qualify all diseases resulting from child-The contributory (secondary or intercurcarbolic acid-probably Never report mere "Exhaustion," ACCIDENTAL,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURBAU, V.S.

V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
WRITE PLAINLY, WITH UNFADING	N. B.—Every item of information should be carefully supplied. AGE should be starshould state CAUSE Of DEATH in plain terms, so that it may be properly oCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH	STATE OF MARYLAND
County Prince Learge	CERTIFICATE OF DEATH
P	Registration Dist. No. 239
Village or City Laurel (No Laurel	Danutanum St.; Ward) [If death occurred in a hospital or institution,
2 FULL NAME Stati De Los	che zorufi give its NAME instead ot street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married 91 for grove or g	18 DATE OF DEATH Dec // , 1918 (Month) (Day) (Year)
Oleman Mule (Write the word)	17 O I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	Sept. 10 ,1915, to Dec. 11 ,1915,
(Month) (Day) (Year)	that I last saw her alive on Dec 11 , 1910,
7 AGE It LESS than 1 day,	and that death occurred on the date stated above, at 12.00m.
57 yrs. 4 mos. 4 ds. OR min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or House Chiefe (b) General particular states of Indiana.	arterio-Selesoses and Japaney
(b) General nature of industry business, or establishment in	arterio- Oclerosis (Durston) Unknowne ds.
which employed (or employer)	Contributor enwirage in him 5 days
9 BIRTHPLACE (State or country) Lole a	Secondary (Burstion) Type mos. ds.
10 NAME OF Jas Shi Leache	(Signed) Comeleut Sellers, M. O.
11 BIRTHPLACE	Lee, 1000 (Address) Laurel, Med.
Z OF FATHER (State or country) and Kuran 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicinal of Homicipal.
C 12 MAIDEN NAME OF MOTHER (/ (/	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the ef death yrs. mes. 3 Monellistate, yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment) March 16 Junip	Former or ususi residence Considery of
(Address) Camded S.C	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL 19 PLACE OF BURIAL 19 P
The Dec, 11th Olm, andarrale	20 UD ERTAKER 7 ADDRESS
If more blanks are needed, address State Registrar.	/ Let 6. Vienes dance Mil.
it more bishks are needed address biste Kegistrar.	IU W. DAFAMEA DI., DAIM, INCURSUIE V. D. IV. I.

[Approved by U. S. Census and American Public Health Association.]

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etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childon Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths bith or miscarriage as "Puendenal sophichicuia, genital," "Senile," etc.), "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia chopmeumonia (secondary), 10 ds. Example: Meosles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart discose; Chronic interstilial "PUERPERAL peritonilis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping "Old Age," "Shock," "Uraemia," "Weakness," by railway train-accident; Revolver wound The contributory (secondary or intercur-"Dropsy;" State eause for which Never report mere "Exhaustion,"

